

Income Tax Organizer • Tax Year 2025

Taxpayer Information

Name: _____ DOB: _____ Occupation: _____
Spouse Name: _____ Sp DOB: _____ Sp Occupation: _____

Filing Information

*** If all information is unchanged, check the Unchanged box and continue to the next section ***

☐ Unchanged (Please update any partial changes in fields below)

Address: _____ City: _____ State: _____ ZIP: _____

Primary Phone: _____ Phone Type: _____ Primary Email: _____

Spouse Phone: _____ Phone Type: _____ Spouse Email: _____

*** Primary & Spouse SSNs Entered on Page 2

Filing Status: ☐ Single ☐ Married Filing Joint ☐ Head of Household ☐ Married Filing Separate ☐ Qualifying Widow
Number of Dependents: _____
* Dependent information is entered on page 2.

[!] New clients must provide complete dependent information on page 2.

Income

*** For Business Information, please contact our office ***

| | Form Name | Form Count |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|------------|
| • If you/your spouse worked for an employer, submit form(s).... | W-2: | _____ |
| • If you/your spouse received un employment in the past year, submit form(s).... | 1099-G: | _____ |
| • If you/your spouse provided any services for non-employers, submit form(s).... | 1099-NEC: | _____ |
| • If you/your spouse received interest from any bank, credit union, etc., submit form(s).... | 1099-INT: | _____ |
| • If you/your spouse received dividends from mutual funds or stocks, submit form(s).... <i>*(This may be provided on your financial institution's issued Consolidated 1099 Statement).</i> | 1099-DIV: | _____ |
| • If you/your spouse sold stocks/mutual funds/crypto, etc., submit form(s).... <i>(This may be provided on your financial institution's issued Consolidated 1099 Statement).</i> | 1099-B or 1099-DA (crypto): | _____ |
| • If you/your spouse received Social Security/Social Security Disability (SSI), submit form(s).... | SSA-1099: | _____ |
| • If you/your spouse received regular retirement income/IRA distributions, submit form(s).... - Check if retirement is military <input type="checkbox"/> * If it is for a deceased spouse, please list spouses DOB: _____ | 1099-R: | _____ |
| • If you/your spouse withdrew from an IRA /401K as an early withdrawal, submit form(s).... - Please list the purpose of the early withdrawal _____ | 1099-R: | _____ |
| • If you/your spouse received a state income tax refund, include form 1099G or fill in amount.... | 1099G: | _____ |
| • List other income forms (ex: K1 statement for partnership or S-Corp), list and provide. | Other: | _____ |
| • Do you have signature authority over any foreign financial accounts? <input type="checkbox"/> No <input type="checkbox"/> Yes | | |

Please describe any other income received this year that you believe may affect your income tax return:

Deductions / Credits / Misc

Form Count
or Amount

*** Enter counts for forms and amounts in fields with \$ _____

- If you own a home and made mortgage interest payments, include form 1098 for each mortgage. 1098s _____
* For a reminder of other expenses that you may itemize, download the Client Itemized Expense Aid. www.StratusAccountants.com
- If contributions were made to an IRA (non-employer plans), enter total contributions this tax year.
 - * Traditional IRA Contributions Taxpayer: \$ _____ Spouse: \$ _____ * Or Submit Forms 5498
 - * Roth IRA Contributions Taxpayer: \$ _____ Spouse: \$ _____
- If you had daycare/dependent care expenses, include name, EIN (SSN if individual), address and amount paid on supplied documents * **Child care businesses should provide you with a statement that includes all required information.**
- Student Loan Interest (include dependent's interest if primary or spouse are obligated to debt) 1098-E _____
- If you had ACA Health Plan through www.Healthcare.gov, include all required form(s) 1095-A. 1095-A _____
- Any member of the household who attended a qualifying college, vocational, or post-secondary institution, provide form 1098-T for each student who attended. 1098-T _____
* If you are a SC resident and someone in your tax household attended a SC college full time, please go to our website and download the SC Tuition Questionnaire and complete it. Pay close attention to the first three questions as these will determine if you need to complete the entire questionnaire. www.StratusAccountants.com
- If you own a Health Savings Account, submit form(s) 5498 and 1099-SA for contributions and distributions. 1099-SA _____
5498 _____
- Estimated [quarterly] Income Tax Payments:** Please list payment dates and amounts for federal and state in the notes section.

Persons Listed on Tax Return

Taxpayer SSN/ITIN: ☐ Check if on File - or enter here _____ IRS I.D. Theft PIN (if applicable) _____

Spouse SSN/ITIN: ☐ Check if on File - or enter here _____ IRS I.D. Theft PIN (if applicable) _____

Dependent Information

**Dependent first name is required. If listed on your return prepared by us in the previous year, check the "On File" box adjacent to First Name.

| First Name | Information On File | Last Name (if different than primary taxpayer) | Date of Birth | SSN/ITIN | Relationship (son, daughter, etc.) | IRS I.D. PIN (if applicable) | Months in Home This Year |
|------------|--------------------------|---------------------------------------------------|---------------|----------|---------------------------------------|---------------------------------|--------------------------|
| _____ | <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | <input type="checkbox"/> | _____ | _____ | _____ | _____ | _____ | _____ |

For any additional dependents, please provide the same information in the Notes below or on a separate blank page.

Please provide the account information for direct deposit of any anticipated refund or if you elect to pay any amount due by ACH Debit.

*Bank information is required to be completed each year. If not completed, any refunds will be set to be mailed to the address on the return.

Routing # _____ Account # _____ Account Type: ☐ Checking ☐ Savings

Notes